PTO/SB/17 (06-07) OMB 0651-0032

Under the Paperwork R	adjustion Act of 1995	no norsen are required to		tent and Trade	emark Office; U.S. DE	PARTMENT OF	COMMERCE		
\$7	-4	no person are required to	respond to a collection of information unless it displays a valid OMB control number  Complete if Known						
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number 10/522,542-C						
FEE TRANSMITTAL			Filing Date January 27, 2			005			
· · · · · · · · · · · · · · · · · · ·			<del></del>		Uwe Pohlmann				
For FY 2007			Examiner Name		M. D. Masinick				
Applicant claims s	Art Unit	Art Unit 2125							
TOTAL AMOUNT OF P	Attorney Docket No. 32128-212610								
METHOD OF PAYM	ENT (check all th	at apply)							
Check Cred	it Card M	oney Order No	one Othe	er (please ide	entify):				
x Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLF									
For the above-io	lentified deposit a	ccount, the Director	is hereby author	rized to: (ch	eck all that apply)	1			
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
		) or underpayments	of x Cre	dit any over	payments				
FEE CALCULATION	ler 37 CFR 1.16 a	ina 1.17							
1. BASIC FILING, SEAF	RCH, AND EXAM	INATION FEES							
			ARCH FEES		INATION FEES	}			
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (	Small Entit \$) Fee (\$)	<u>ty</u> Fee (\$	Small Entity ) Fee (\$)	Fees Pa	eid (\$)		
Utility	300	150 500		200	100				
Design	200	100 100	50	130	65	-			
Plant	200	100 300	150	160	80				
Reissue	300	150 500		600	300				
Provisional	200	100 0		0	0				
2. EXCESS CLAIM FEE	S		_	•	•	s	mall Entity		
Fee Description Fach claim over 20 (inc	luding Paissues)					Fee (\$) 50	Fee (\$)		
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							25 100		
Multiple dependent clai		,,				200 360	180		
Total Claims Ex	Paid (\$)		Multiple Depende		100				
30 - 28 =	2 x 50		100.00			Fee Paid (\$)			
HP = highest number of tota	I claims paid for, if gre	eater than 20.		-					
Indep. Claims Ex	tra Claims Fe	e (\$) Fee	Paid (\$)				_		
-3=	×	<u> </u>							
HP = highest number of inde	,	or, if greater than 3.							
3. APPLICATION SIZE  If the specification and listings under 37 CI sheets or fraction th	drawings exceed FR 1.52(e)), the a	pplication size fee d	ue is \$250 (\$12	5 for small					
Total Sheets	Extra Sheets	Number of each	`	,	of Fee (\$)	Fee Pa	aid (\$)		
100 =		50 =	_ (round up to a v	whole number	) ×	=			
4. OTHER FEE(S)						Fees P	aid (\$)		
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1806 Submission of an Information Disclosure Statement						1,020.00 180.00			
SUBMITTED BY		<u> </u>							

SUBMITTED BY					
Signature	Kelettuser	Registration No. (Attorney/Agent)	26,924	Telephone	(202) 344-4000
Name (Print/Type)	Robert Kinberg		_	Date 6	127/07